

NIOSH recommends that health care facilities use safer medical devices to protect workers from needlestick and other sharps injuries. Since the passage of the Needlestick Safety and Prevention Act in 2000 and the subsequent revision of the OSHA Bloodborne Pathogen Standard, all health care facilities are required to use safer medical devices.



SAFER MEDICAL DEVICE IMPLEMENTATION IN HEALTH CARE FACILITIES

SHARING LESSONS LEARNED

NIOSH has asked a small number of health care facilities to share their experiences on how they implemented safer medical devices in their settings. These facilities have agreed to describe how each step was accomplished, and also to discuss the barriers they encountered and how they were resolved, and most importantly, lessons learned.



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This free-standing, not-for-profit, 300+ bed hospital is accredited by JCAHO and offers acute and subacute inpatient care, including a cardiac center, cancer center, rehabilitation unit, skilled nursing facility, and residential hospice. The wide range of outpatient and community outreach programs includes home health care, hospice, adult day care, community health screenings, occupational health, and a health education center. 450 physicians on staff represent more than 20 medical specialties and the organization employs 2000+ health care workers.

Phase 1 – Form a Sharps Injury Prevention Team
June 30, 2002

The Process and The Sharps Team

The Needlestick Safety and Prevention Act was signed into law on November 6, 2000, to be effective in April 2001.

In October 2000, the Safety Committee of the hospital initiated The Sharps Taskforce as a performance improvement team under the direction of the Infection Control Coordinator and the Special Projects Coordinator. These coordinators reviewed the current organizational statistics on sharps injuries and blood body fluid exposures. The co-chairs then met with key administrative and management staff in order to identify the individuals by title, who would become members of The Sharps Taskforce. The hospital administrative and management roster was used to identify individuals to interview who either represented departments key to sharps safety or were identified organizational formal or informal leaders. One of the co-chairs met with the medical staff chair of The Performance Improvement Council and was given the names of potential taskforce physician members.

The goal of The Sharps Taskforce is to reduce incidence of sharps injuries and blood / body fluid exposures. This goal was discussed during these interviews in order to decide which staff members would best facilitate the optimal outcome for the taskforce goal. A brief summary of the new OSHA Directive was also shared.

Once the taskforce members were identified by department/unit, the director of that department/unit was contacted by one of the co-chairs to explain The Sharps Taskforce and asked that a staff person be requested/assigned to participate in the taskforce.

When the membership of the taskforce was established, an announcement memo was sent via electronic mail to all hospital staff. This announcement

memo was also placed in The Medical Staff Newsletter and sent to The Safety Committee, whose minutes are reviewed by The Performance Improvement Council, The Medical Executive Committee, and The Professional Advisory Committee of The Board of Trustees.

We determined that 16 Sharps Taskforce members would be appropriate for a hospital of our size. The selected members were:

Title	Status
Infection Control Coordinator, Co-Chair	Management
Special Projects Coordinator , Co-Chair	Staff
Charge Nurses – Surgical Services (11/00-9/01)	Management
Educator – Surgical Services as of 9/01	Staff
Surgical Assistant – Surgical Services	Staff
RN – Surgical Services	Staff
Operating Technician – Surgical Services	Staff
Laboratory Director	Management
RN – IV Team	Staff
RN – Staff Education	Staff
Patient Care Assistant – Emergency Services	Staff
Manager – Central Services	Management
Anesthesiologist – Department of Anesthesiology	Medical Staff
Surgeon – Department of Surgery	Medical Staff
Manager – Respiratory Therapy	Management
Patient Care Assistant – Intensive Care	Staff

The Facility Plant Supervisor and a Materials Management Buyer asked to receive member meeting packets so that they would be up to date on the work of the team in relation to their specific job responsibilities.

The Sharps Taskforce Coordination

The co-chairs of The Sharps Taskforce have been with the hospital for 25+ years and are known to a large number of hospital staff and medical staff.

The Infection Control Coordinator has a Bachelor of Science degree, is a medical technologist (ASCP), and is certified in Infection Control (CIC). The coordinator has experience as a microbiology supervisor, and has been responsible for the exposure control plan of the hospital. This coordinator has maintained an engineering control log since July 1977. The coordinator is a member of the

hospital Safety Committee and is involved in employee occupational health safety.

The Special Projects Coordinator is a registered nurse and licensed nursing home administrator, has a Bachelor of Arts degree, and is certified in Gerontology, Rehabilitation, and Subacute Care. The coordinator has staff, management, and administrative health care experience in all levels of health care delivery. The coordinator has been involved with new product/device trials and purchase in various levels of care .

Team Meetings

From November 2000 through December 2000, the team met weekly for one hour at 2:00 PM. During 2000, the team performed a literature search review, and reviewed the NIOSH "Alert- Preventing Needlestick Injuries in Health Care Settings" (November 1999-Pub.# 2000-108) to begin to formulate the team's approach to sharps safety and blood borne pathogen exposure. Videotapes, obtained through the medical library and from vendors, related to sharps safety and blood borne pathogen exposure, were viewed by the team at the meetings. The team used this information for self-education and also shared this information at their department/unit meetings. The meeting minutes of the team are placed in the electronic library for staff, management, administration, and medical staff to read and reference.

The team decided on a monthly meeting schedule for the year 2001. The meetings for 2002 are quarterly for one hour. The meetings are held at 2:00pm for one hour. If the team member cannot attend, then they are responsible for getting a substitute staff member from their work area to participate with the team. The team member receives organization recognition via electronic memos along with teamwork credit on their annual evaluation. The meeting rooms used for the team meetings are easily accessible for all the team members. The team members participate on work time or are paid for their team meeting attendance.

The team members receive a list of meeting dates for the year. A reminder is sent via electronic mail one week before the meeting date with an RSVP if a member cannot attend. This allows the co-chairs to follow-up with the member who will not be at the meeting if they have any business to be discussed or reviewed, and also request a substitute staff member from that work area to attend if necessary.

The team formulated the following main goals:

1. To develop a comprehensive program to reduce incidence of sharpsinjuries and blood/body fluid exposures that includes administrative, engineering, and work practice controls.
2. To foster and promote a work culture of safety:

- ## Staff will be aware of the risks when they have an exposed sharp in the work environment.
- ## Staff will adopt safe work practices because they perceive a demonstrable organizational commitment to safety.

The team formulated the following objectives:

1. To review tracking and analysis of sharp injuries and blood/body fluid exposure, focusing on the devices and settings in which the injuries continue to occur.
2. To assess safety device technology in order to eliminate unnecessary needles and sharp devices from the workplace and assure the availability of appropriate, useful protective gear.
3. To review established needlestick protocols with attention to a rapid response to injuries.
4. To develop strategies to increase staff knowledge on infectious risk (hepatitis/HIV), frequency of seroconversions, and benefits of safe work practices, thereby increasing the prompt reporting of injuries.

The team identified the following causes of variation in relation to sharps safety and blood/body fluid exposures:

1. Individual knowledge and practice
2. Unclear policies and procedures
3. Technology innovation

Recommendations - Composition of The Sharps Team

1. Hospital administrative and medical staff leadership involvement is vital in order to attain the sustained interest, participation, and support needed for the team to be productive and successful. The co-chairs encounter no resistance from staff in participating on the team because the team creation is driven from the highest level of authority to empowerment of the team staff members.
2. Physician participation does not necessarily mean that they must attend every meeting of the team. Their participation may be through the individual steering the team, reviewing the meeting minutes, and making suggestions and recommendations, etc.
3. Facilitating the sharps team from within has worked for our organization because of the staff/management structure in place and past organizational success with the performance improvement team process. If there are no

"champions" in a level of authority to facilitate this process, then use of a consultant may work best to begin the road to sharps safety. Each organization must assess their strengths and limitations when embarking on an extensive project such as this one.

4. At one of the first meetings, the team agreed to open, honest dialogue and communication with each other and that in some instances, there really would be no completely right or wrong answers and that the team would pull together "to do the right thing" if faced with difficult situations to be addressed. The team agreed that that were no taboo topics, that all issues and concerns would be brought to the team for discussion and resolution.

Lessons Learned - Identifying & Developing a Sharps Team

1. Constant communication with all the interested parties, especially with those who do not yet understand the importance of the team's purpose, is necessary to start the team off on a positive note.
2. Establish a reporting mechanism for the sharps team that will keep the team activities in full view of both hospital and medical staff leadership in order to glean full cooperation with the team initiatives.
3. The usual problem-solving communication mechanisms were used if hospital managers were delayed in responding to team requests.
4. If a team member's meeting attendance diminished, their director/manager was approached by the co-chair to help facilitate employee attendance or assign another employee from their work area. The importance of having their practice area represented was stressed to the director/manager groups.

Hours dedicated to Phase 1

Staff Hours =	50
Management =	30
Total =	80

Non-Labor Cost Items

Announcement Memos
Photocopying
Paper